



YEAR 2001 FIXED FACILITY - ANNUAL REPORT

Household Hazardous Waste / Conditionally Exempt Small Quantity Generator

INSTRUCTIONS

Note: Each letter corresponds to a section of the attached reporting form.

- A. Provide the name of the facility. If there is more than one facility, and the wastes are recorded cumulatively, indicate in the space provided **OR** if there are separate collection quantities for each facility, report separately for each facility.
- B. Indicate by a check mark (✓) which waste category you are reporting. If you accept both waste categories, copy this form to report them on separate forms. Please do **not** combine HHW and CESQG on one form or the report will be returned unacceptable.
- C.-E. Provide the name of the facility collecting the reported waste.
- F.-G. Check "YES" if you received waste in 2001 and if you used the services of an environmental contractor. Report the type of service provided by the contractor, including the contractor's name, address, telephone number, fax number and e-mail address (if available).
- H. If there are restrictions on waste received at this facility, specify the source, type and amount of waste. For example, HHW only, paint and oil, 5 gallons per person per day.
- I – K Using the waste unit codes and waste disposal method codes, check the appropriate box for waste collected at the fixed facility and fill in quantities collected.
- L. If applicable, check the appropriate waste quantities reported from collection events or mobile collections. Please include location and dates.
- M. Specify changes in waste types considered or changed in 2001.
- N. Indicate the number of participants at this facility for year 2001.
- O. Indicate the costs for the disposal of waste by the contractor and cost incurred by local jurisdiction for the fixed facility.

Make sure that you have completed, signed, and dated this form.

The preparer is the person who has prepared the survey forms, is familiar with the regulations, and is in charge of overseeing the operations. Please include a title, date, telephone number, and e-mail address.

J. WASTE DISPOSAL METHODS**(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)**

For each waste type, indicate disposal methods by bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.
- R** Recycled. A process of transforming material into usable or marketable material.
- E** Energy recovery. A process of converting used oil into usable energy, e.g., oil burned to recover energy or heat building.
- T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling.
- W** Wastewater disposal with or without pretreatment processing.
- H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment, storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other. Other methods of disposal _____

K. Please check waste type received, report disposal method(s) using list in section J. of this report, report quantity of waste in Pounds Only - use provided conversion sheet if necessary.

✓ WASTE TYPE (DOT Class)	Disposal	Quantity in PO	✓ WASTE TYPE (DOT Class)	Disposal	Quantity in PO
<input type="checkbox"/> 1a. Acids (8)		PO	<input type="checkbox"/> 14. Latex Paint		PO
<input type="checkbox"/> 1b. Acids (8) [aerosol cans]		PO	<input type="checkbox"/> 15. Lead Acid Batteries		PO
<input type="checkbox"/> 2. Antifreeze		PO	<input type="checkbox"/> 16. Oil Based Paint		PO
<input type="checkbox"/> 3a. Bases (8)		PO	<input type="checkbox"/> 17. Oil Contaminated		PO
<input type="checkbox"/> 3b. Bases (8) [aerosol cans]		PO	<input type="checkbox"/> 18. Oil Filters		PO
<input type="checkbox"/> 4. CFC / Freon		PO	<input type="checkbox"/> 19. Oil Filters Crushed		PO
<input type="checkbox"/> 5. CFC / Freon Filters		PO	<input type="checkbox"/> 20. Oil Non-Contaminated		PO
<input type="checkbox"/> 6. Chlorinated Solvents		PO	<input type="checkbox"/> 21. Oil with Chlorides		PO
<input type="checkbox"/> 7. Crushed Cans		PO	<input type="checkbox"/> 22. Oil with PCBs		PO
<input type="checkbox"/> 8. Dry Cell Batteries		PO	<input type="checkbox"/> 23. Other Dangerous Wastes		PO
<input type="checkbox"/> 9. Flammable Solids (4)		PO	<input type="checkbox"/> 24. Organic Peroxides (5.2)		PO
<input type="checkbox"/> 10a. Flammable Liquids (3)		PO	<input type="checkbox"/> 25. Oxidizers (5.1)		PO
<input type="checkbox"/> 10b. Flammable. Liquids (3) [aerosol cans]		PO	<input type="checkbox"/> 26. Personal Protection Equip.		PO
<input type="checkbox"/> 11a. Flammable Liquids – Poison (3, 6.1)		PO	<input type="checkbox"/> 27. Pesticide/Poison Liquid (6.1)		PO
<input type="checkbox"/> 11b. Flam Liq, Poison (3, 6.1) [aerosol cans]		PO	<input type="checkbox"/> 28. Pesticide/Poison Solids (6.1)		PO
<input type="checkbox"/> 12. Flammable Gas (2)		PO	<input type="checkbox"/> 29. Reactives		PO
<input type="checkbox"/> 13a. Flammable Gas –Poison (2, 6.1)		PO	<input type="checkbox"/> 30. Other Non-Hazardous		PO
<input type="checkbox"/> 13b. Flam Gas –Poison (2, 6.1) [aerosols]		PO			

L. The waste reported above *SHOULD NOT* include quantities from collection/mobile events (a separate report form is included for reporting quantities from collection/mobile events) ; however, in certain circumstances a combination occurs. If this is the situation for your program, complete section L.

Collection Events ☐ YES ☐ NO If yes, which one(s): _____Mobile Collections ☐ YES ☐ NO If yes, which one(s): _____

Location(s) _____

Location(s) _____

Date(s) _____

Dates(s) _____

M. ANY CHANGES IN ACCEPTANCE OF WASTE IN 2001?

Mercury-bearing waste Currently accept? Exploring acceptance?
(fluorescents, thermostats): Y or N Y or N

Used electronics
(TVs, computers, monitors, etc.) Y or N Y or N

Specify any waste types deleted in 2000: _____

N. PARTICIPATION NUMBERS IN 2001:

(**Circle** participant type i.e. HHW or CESQG and then report how many on the line which best reflects your tracking system)

HHW **OR** CESQGs participants _____ (vehicles)

_____ (households)

_____ (Other-describe)

O. 2001 MRW FIXED FACILITY COSTS and HOURS

Staffing Costs/YR (including benefits) \$ _____

Contractor Disposal Costs/YR \$ _____

Materials, Publicity, Other Costs/YR \$ _____

PREPARED BY

(Title) _____

DATE _____**PHONE** (_____) _____**E-MAIL ADDRESS** _____